State of Hawaii Department of Human Services Benefits, Employment & Support Services Division Employment & Child Care Program Office

Addendum 6

November 12, 2008

To

Request for Proposals

HMS 903-09-01-S
Temporary Assistance for Needy Families (TANF) Purpose One Through Four Services
September 8, 2008

November 12, 2008

ADDENDUM NO. 6

To

REQUEST FOR PROPOSALS Temporary Assistance for Needy Families (TANF) Purpose One Through Four Services HMS 903-09-01-S

The Department of Human Services, Benefit, Employment & Support Services Division, Employment & Child Care Program Office is issuing this addendum to HMS 903-09-01-S, Temporary Assistance for Needy Families (TANF) Purpose One Through Four Services for the purposes of:

Services for t	he purposes of:
	Responding to questions that arose at the orientation meeting of <date> and written questions subsequently submitted in accordance with Section 1-V, of the RFP.</date>
\boxtimes	Amending the RFP.
	Final Revised Proposals
The proposal	submittal deadline:
	is amended to <date></date>
	is not amended.
	for Final Revised Proposals is <date>.</date>
Attached is (a	are):
	A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
\boxtimes	Amendments to the RFP.
	Details of the request for final revised proposals.
If you have a U'ilani Have	ny questions, contact:

Department of Human Services HMS 903-09-01-S Addendum No. 6

(808) 586-7088 ghayes@dhs.hawaii.gov Department of Human Services Benefit, Employment & Support Services Division Employment & Child Care Program Office 820 Mililani Street, Suite 606 Honolulu, HI 96813 HMS 903-09-01-S Temporary Assistance for Needy Families (TANF) Purpose One Through Four Services is amended as follows:

Subsection Page

Section 1, Service Specifications

No changes

Section 2, Service Specifications

IV (2) 2-10

Amended to add:

(Refer to the table below)

TANF Purpose 3 and 4

4. Positive youth development programs including life skills training, mediation skills, and tutoring assistance in the after-school hours from 1:40 to 6:00 pm for students in grades 6 through 8 in Kapaa Middle, Chiefess Kamakahelei Middle, and Waimea Canyon schools on Kauai.

Contract Cost \$ 444,430.00

Milestone #1 \$ 198.00

198.00 per student (Max \$79,200)

Student receives outreach services and information (400 students)

Milestone #2 \$ 247.50

per student (Max: \$99,000)

Complete orientation, registration, and program service plan (400 students)

Milestone #3

487.56

per intake (Max: \$158,400))

Monthly report of students that have completed at least 75% of program activities as described in their program plan.

Milestone #4

247.50

per student (Max: \$99,000)

Completion of student program plan (400 students)

Section 3, Proposal Application Instructions

No Changes

\$

Section 4, Proposal Evaluation

No Changes

Section 5, Attachments

List of Attachments

- 1. Summary Report Form
- 2. Milestone Achievement Form

Department of Human Services Benefit, Employment and Support Services Division HMS 903-09-01-S

TANF Purpose 3 - Positive Youth Development Monthly Performance Measures and Reimbursement Report

Contract Cost

\$ 396,000.00

Report Period

January 1 - January 31, 2009

Program Description

Collaborative transitional living programs offered through agencies accredited by the council on accreditation on services for families and children throughout the state to assist TANF eligible youth head of households with dependent children who are runaway, homeless and street youth, and youth at risk of homelessness in all counties to enable these youth to learn skills essential for successful independent living.

Milestone #1	\$ 198.00 per outreach activity (Max \$79,200)	
Milestone Description	Student receives outreach services and information (400 Students)	

Name of Student	Date Received Outreach Services
Name	Date

Number of clients for the month Amount requested

792.00

Milestone #2	\$ 247.50 per intake (Max \$99,000)
Milestone	Complete intake and assessment of participant. (400 participants)
Description	

Client Name	Intake/Assessment Date
Name	Date

Number of clients for the month

Amount requested

990.00

\$

Milestone #3	\$ 13,200.00 per plan (Max \$82,886)
	Monthly report of students that have completed at least 75% of program activities as
Description	described in their program plan.

Client Name	Plan Start Date	Plan Monthly Hrs. (Scheduled)	Plan Monthly Hrs. (Actual)
Name	Date	# of Hrs	# of Hrs
Name	Date	# of Hrs	# of Hrs
Name	Date	# of Hrs	# of Hrs
Name	Date	# of Hrs	# of Hrs

Number of clients completing 75% of program hours for the month

Amount requested

\$ 13,200.00

Department of Human Services Benefit, Employment and Support Services Division HMS 903-09-01-S

TANF Purpose 3 - Positive Youth Development Monthly Performance Measures and Reimbursement Report

Milestone #4	\$ 247.50 per intake (Max \$99,000)
Milestone	Complete program plan
Description	

Client Name	Plan End Date
Name	Date

Number of clients compliant for the month Amount requested \$ 247.50

TOTAL AMOUNT REQUESTED

\$ 15,229.50



Department of Human Services
Benefits, Employment and Support Services Division
Employment and Child Care Program Office
Milestone Achievement Form

RECIPIENT ORGANIZATION [Agency Name]

PROGRAM [Service Type]

Contract Number JHS-09-BESSD-Report Period 3/1/09 - 3/31/

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							Review Date		DATE	0	r	SIGNATURE	T
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⇔					_	\$ 247.50		1/16/2009				00	Lani Moo
	4								\$ 198.00		1/15/2009	8	Lani Moo
Amount Requested	TO Previous PAY Request	Completion Date	Previous Request	TO	Report	Previous Request	TO PAY	Intake Date	Previous Request	PAY TO	Outreach Date	Activity/Client Name of Report Period	ACT
	Completion /	\$247.50 /	onth	3,200 / M	8	2 take	Milestone #	S	dent	Milestone #1 98 / Student	8198 M		
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